

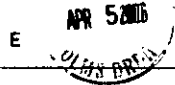
# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <del>24867</del> <b>10694</b>	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name Lyle K Query  P.O. Box, Bldg., Room No., if any  Street 1516 N Charlton Road  City Independence  State Missouri ZIP Code + 4 64056	4. Name, file number, and address of labor organization.  Name IBEW  Labor Organization File Number 024-867  P.O. Box, Building and Room Number, if any 211  Street 1100 Admiral Blvd  City Kansas City  State Missouri ZIP Code + 4 64106
5. Position in labor organization. IBEW International Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 03/31/2006  
Date

816-471-7799

Telephone Number

Name of Person Filing Lyle Query	File Number U- 24867
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Blue Cross Blue Shield Kansas City</p> <p>Trade Name, if any: BC/BS KC</p> <p>P.O. Box, Bldg., Room No., if any P O Box 419169</p> <p>Street 2301 Main</p> <p>City Kansas City</p> <p>State Missouri ZIP Code + 4 64141-6169</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Board of Public Utilities KC KS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 540 Minnesota</p> <p>City Kansas City</p> <p>State Kansas ZIP Code + 4 66101-2930</p>	<p>11.a. Nature of such dealing.</p> <p>BC/BS KC provides administrative services only (ASO) for medical claims of BPU employees.</p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p>I am a member of the Board of Directors of BC/BS KC. I receive Director Fees and per meeting payments.</p> <p>12.b. Amount. \$53,105</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>